MUSIC LISTENING
PILOT PROJECT

ICCER’s Implementing Music Care in Continuing Care: November 9, 2016
Purpose of Today

1. Introduction to SCF
2. Pilot context
3. Process taken
4. Outcomes
5. Organizational response
Shepherd’s Care Foundation

• Started 1970; 7 communities in Edmonton/Barrhead

• Provide housing for independent seniors and those needing home care; designated supportive living; and long term care.

www.shepherdscare.org
Existing Music Programming

- Sites have Rec staff that organize musical events and activities with SL and LTC residents
- One site had access to a music therapist for consultation purposes and residents pay for individualized services
- No direct programming for independent residents
Music Programming
Why a Pilot?

• Movie “Alive Inside” stimulated interest

• Summer student who also happened to be an accredited music therapist

• KV large enough campus with all levels of care under one “roof”
Kensington Village Campus...

a neighbourhood community
Kensington Village Campus…

a neighbourhood community

- 580 residents within 525 units/spaces
- Mean age of 85 years (range 40 – 108 years)
- Mainly low to moderate income seniors
Pilot Methods

- Best practice review conducted

- Advisory group created:
  - Multi-disciplinary in nature
  - Provided advice:
    - Feasibility
    - How to implement at KV
    - Considerations/ adaptations needed

- Tools developed/adapted

- Timeframe: July – August, 2016
What is Music Care?

• Broad term that covers a variety of ways that music can be used in care and activities in order to improve QOL for LTC and SL residents

• Our focus: music technology which used iPod and computer as a method of music listening
Music Care Goals:

- Improve QOL, communication and mood
- Enhance connections with others, self, and the environment
- Prevent agitation
- Improve caregivers’ ability to engage and deliver care
Music Care Potential Benefits:

- Reduced agitation and behavioural symptoms;
- Stimulated memories;
- Increased alertness;
- Improved mood and connection with others; and
- Help caregivers with transitions, care tasks, and confidence in delivering care.
Pilot Procedure

• Target: residents in all 3 streams (2 each) who displayed some level of cognitive impairment

• Referrals

• Eligibility
  • A presenting issue
  • Ability to hear a regular speaking voice at 1.5 feet away
  • An appreciation for music
Implementation

• Equipment

• Assessment & playlist creation

• Individual sessions

• Ongoing assessment & measurement
# Pilot Participants

<table>
<thead>
<tr>
<th>Living Option</th>
<th>Resident</th>
<th>Reasons for referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long Term Care</td>
<td>Resident #1</td>
<td>Agitation relating to changes in independence; level of care assistance</td>
</tr>
<tr>
<td></td>
<td>Resident #2</td>
<td>Agitation during care tasks; wandering</td>
</tr>
<tr>
<td>Dementia Cottages (SL4)</td>
<td>Resident #3</td>
<td>Social isolation; depression</td>
</tr>
<tr>
<td></td>
<td>Resident #4</td>
<td>Anxiety; wandering</td>
</tr>
<tr>
<td>Independent</td>
<td>Resident #5</td>
<td>Social isolation, anxiety, agitation</td>
</tr>
<tr>
<td></td>
<td>Resident #6</td>
<td>Pain management, depression</td>
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</table>
## Music Listening Sessions

<table>
<thead>
<tr>
<th></th>
<th>No music</th>
<th>Music listening</th>
<th>Live music</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Long-term care</strong></td>
<td>7</td>
<td>8</td>
<td>11</td>
<td>26</td>
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<tr>
<td><strong>Resident 1</strong></td>
<td>4</td>
<td>1</td>
<td>6</td>
<td>11</td>
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<tr>
<td><strong>Resident 2</strong></td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>15</td>
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<tr>
<td><strong>Dementia cottages</strong></td>
<td>3</td>
<td>14</td>
<td>3</td>
<td>20</td>
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<tr>
<td><strong>Resident 3</strong></td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>10</td>
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<tr>
<td><strong>Resident 4</strong></td>
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<td>8</td>
<td>2</td>
<td>10</td>
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<tr>
<td><strong>Independent</strong></td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td><strong>Resident 5</strong></td>
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<td>3</td>
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<tr>
<td><strong>Resident 6</strong></td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>16</strong></td>
<td><strong>22</strong></td>
<td><strong>16</strong></td>
<td><strong>54</strong></td>
</tr>
</tbody>
</table>
Observations

- All participants had a positive affect and participated in verbal communication or conversation during music sessions.

- Live music was very effective in causing residents to listen rather than voice their anxious thoughts.

- Live music seemed to be engaging whether it was familiar or not, BUT when it came to recorded music, familiar music was very important.
Learnings

• Interactive element of music & the relationship with the music therapist was very important.

• Music would draw residents and staff together

• Choice of equipment is critical to success but costs can add up;
  • safe storage is an unanticipated consideration

• Copyright issues
Pilot Challenges

- Residents not always available/willing to listen
- LTC residents had hearing issues
- Assessment of musical preferences took longer than expected and was being constantly assessed
- Equipment chosen was very restricting
- Independent residents were often not available
Enablers

• Great support from managers and staff at KV

• Accredited music therapist
  • Flexible in time to run music listening session; location where they took place; and the type of music that was delivered.
What was the impact of the pilot?
Organizational Response

• Music in Care Working Group established
  • Multi-disciplinary
  • Across sites
  • Across living options (Independent, SL, Dementia, LTC)
  • Bi-monthly meetings

Guiding Statement:
To inspire, uplift and bring joy through music
SCF Approach

- Adopted Room 217 model:
  - Level 1 training underway

- Fundraising campaign underway

- Approval to hire 1 FTE (probably a music therapist)

- Implementing three domains:
  - All sites: Community music
  - Piloting: Musiking (Vanguard)
  - Piloting: Environmental sound (Greenfield)

- Inclusion of independent residents as many frail or have mobility/vision limitations
THANK YOU!

Kelly Deis, Project Coordinator
kdeis@shepherdsicare.org
780-733-3315